

Passport
Picture

Oasis Christian Academy

Admission Application

Form A-1

OFFICE USE ONLY.
Student ID _____ Grade _____

| Item | Date |
|--|-------|
| <input type="checkbox"/> 4 Passport Photos | _____ |
| <input type="checkbox"/> Immunization record | _____ |
| <input type="checkbox"/> Birth Certificate | _____ |
| <input type="checkbox"/> Auth. for Emer. Med.Treatment | _____ |
| <input type="checkbox"/> Parental Agreement | _____ |
| <input type="checkbox"/> Student Health Record | _____ |
| <input type="checkbox"/> Personal Recommendation | _____ |
| <input type="checkbox"/> Transcript | _____ |
| <input type="checkbox"/> Entrance Test | _____ |
| <input type="checkbox"/> Interview | _____ |
| <input type="checkbox"/> Parent Survey | _____ |
| <input type="checkbox"/> Parent Notified | _____ |

How did you hear about OCA? Please check all that apply.

- Newspaper
- TV
- Radio
- Church Service
- Bulletin/Sign Board
- OCA Parent or Student (Name) _____
- Other _____

Note: This application does not assure final enrollment but provides information upon which a decision will be based. A **NON-REFUNDABLE ENROLLMENT FEE MUST ACCOMPANY THIS APPLICATION** to go on the waiting list. A copy of the Birth Certificate and Immunization record must accompany this form. Oasis Christian Academy reserves the right to alter class selection based on final enrollment.

A. NONDISCRIMINATION POLICY: OCA does not discriminate on the basis of race, sex national origin or physical disability. However, OCA does reserve the right to use appropriate selection criteria in fulfillment of its stated goals and objectives.

B. GENERAL RECORD: Check one New Student Returning Student Year last attended _____

Student: _____
(Last name) (First name) (Middle name)

Application for Grade: _____ Sex: _____ Date of Birth: _____ Age: _____
Day Month Year

Student Home Phone: _____ Email address: _____

Residential Address: _____
House # Street Name

GPS Digital Address: _____

Postal Address: _____
Box # City Country

Student resides with: (Check one)
 Mother/Father Mother only Father only Guardian Father/Step Mother Mother/Step Father

Emergency Contact's Name: _____ Phone #: _____

Mother's Name: _____ Phone #: _____

Email Address: _____

Occupation: _____ Employer: _____

Father's Name: _____ Phone #: _____

Email Address: _____

Occupation: _____ Employer: _____

Guardian's Name: _____ Phone #: _____

How will you transport your child to school? (Check one) Carpool Taxi Walk Private Car

Other School Age children in the family:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Was your child ever denied admission to a school? _____ Why? _____

Was your child ever suspended or expelled from school? _____ When? _____

Why _____

Previous School: _____ Previous Grade: _____

Name of Principal: _____ Phone #: _____

C. FINANCIAL RECORD

COMBINED ANNUAL INCOME RANGE: Please tick the range your family income falls within.

- Less than GH¢ 6000
- GH¢6000 – GH¢12,000
- GH¢12,000 – GH¢18,000
- GH¢18,000 – GH¢24,000
- GH¢24,000 – GH¢36,000
- GH¢36,000 – GH¢48,000
- GH¢48,000 +

Is there any reason why you would not be able to make your tuition payments? Explain _____

D. FAMILY'S SPIRITUAL RECORD

Is the family a Christian family Yes No If No, please specify your religious background. _____

Home Church (Name) _____

(Address) _____

(Denomination) _____

Church Now Attending _____ Phone# _____

Senior Pastor _____ Youth/children's Pastor _____

Have parent(s) accepted Jesus as your personal Lord and Savior? _____ When (year)? _____

Have parent(s) been water baptized? Yes No if 'yes' when (year)? _____

Have parent(s) received the baptism of the Holy Spirit with the evidence of speaking in tongues? Yes No If 'yes' when? _____

If no, are you open to this experience? _____

Are parent's active members of your church? Yes No

Do you attend at least one service per week at your church? Yes No

Please take note that in bringing your child to OCA your child will be presented with the salvation message of Jesus Christ and will be given the opportunity and encouraged to accept Jesus Christ as his/her Lord and Savior.

E. PARENT QUESTIONNAIRE (Attach additional sheets if necessary)

How did you find out about Oasis Christian Academy? _____

What do you see are your child's greatest needs in the areas specified?

Spiritual: _____

Behavioral: _____

Academic: _____

Social: _____

How do you see yourself being involved in the educational process of your child? _____

Please explain below why you want your child to attend OASIS CHRISTIAN ACADEMY.

Are Both Parents in agreement that your child should attend OCA Yes No

F. STUDENT QUESTIONNAIRE: (GRADES 5-12)

Have you used drugs, alcoholic beverages or used tobacco within the last 6 months? Yes No

What are your favorite subjects? _____

What subjects are difficult for you? _____

Why do you feel that you should be accepted as a student at Oasis Christian Academy? _____

If you were accepted as a student of Oasis Christian Academy, what type of student would you be? _____

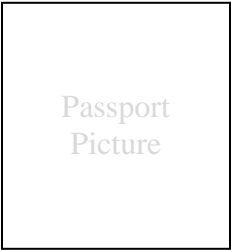
What are some goals that you have for your life? _____

AFFIRMATION

I hereby affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of the application. I further understand that I may be asked for additional written affirmation concerning such items as academic record and financial income.

_____/_____/_____/_____
(Student) (Date) (Father or Guardian) (Date)
_____/_____/_____/_____
(Mother) (Date)





Oasis Christian Academy

Student Health and Personal Information Record

Form A-2

Student Name: _____ Date of Birth: _____

Home Address: _____

Postal Address: _____

Father's Name: _____ Tel. # _____

Mother's Name: _____ Tel. # _____

Student lives with:

- Father & Mother
 Father & Stepmother
 Father only
 Mother only
 Mother & stepmother
 Guardian

Custody or visiting arrangements if any: _____

Student's Physician/Hospital: _____ Tel. # _____

Allergies: _____

Cause of allergic reaction: _____

Blood Type: _____ Sickling Status: _____ G6PD Status: _____

Has your child had any of the following diseases or conditions?

| DISEASE OR CONDITION | YES | If 'yes' Date | NO | DISEASE OR CONDITION | YES | If 'yes' Date | NO |
|----------------------|-----|---------------|----|--------------------------|-----|---------------|----|
| Measles | | | | Heart disease | | | |
| German Measles | | | | Rheumatic fever | | | |
| Whooping Cough | | | | Kidney disease | | | |
| Scarlet Fever | | | | Diabetes | | | |
| Mumps | | | | Infectious hepatitis | | | |
| Chicken Pox | | | | Convulsion | | | |
| Poliomyelitis | | | | Surgery | | | |
| Epilepsy | | | | Typhoid Fever or Malaria | | | |

Does the child have frequent colds? ___ Tonsillitis? ___ Earaches? ___ Stomachaches? ___ Vomits easily? ___ Run high fevers easily? ___ Asthmatic attacks? ___ Hay Fever? ___ Hives? ___ Eczema?

Has the child had any serious accidents? Explain _____

Is there a medical condition or any past medical condition that we should be aware of? _____

Does your child have a disability? Explain _____

Has the child ever been to a dentist? ___ Has the child's vision been tested? ___ Has his/her hearing been tested? ___

Does the child have any speech problems? ___ How would you evaluate your child's overall health? _____

Social Record (3yrs and below)

Are there other members of the household apart from the child's siblings? (include relationship and age)

Does the child have own room? Yes No, If not, with whom does child share room? _____

Has the child had any group play experience? Yes No IF yes, where? _____

Does the child have neighborhood playmates? Yes No Specify _____

When and with whom does the child watch TV? _____

List the TV programs the child watches: _____

The child prefers to play (tick one): alone with playmates with siblings with adults

Does the child have imaginary playmates? Yes No What pets do you have at home? _____

The child prefers activities Outdoor Indoor Both Not Sure

List the child's favorite toys, play equipments and books _____

The child is (tick one) Right-handed Left-handed Not sure

Would you classify the child as good eater average eater poor eater

For which meals is the child most hungry? Breakfast Lunch Dinner

Does the child feed him/herself? _____ Waits to be fed? _____

Does the child nap during the day? Yes No If yes, at what time? _____

Is the child toilet trained? Yes No

If yes, what word does the child use for: Urination _____ Bowel Movements _____

How would you describe your child's personality? _____

(All applicants)

Are there any special family circumstances, which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc)?

Please explain: _____

What concerns do you have about your child's present behavior? _____

What are you doing about those concerns? _____

In what way would you like your child to develop during this year in our school? _____

Please add comments that you feel will help us know your child better. Thank you very much.

_____ Date _____ Father's Signature

_____ Mother's Signature

Passport Picture

Oasis Christian Academy

PARENTAL AGREEMENT

Form A-3

“Can two walk together unless they be agreed?” Amos 3:3

Please read carefully before you sign. Contact the administration for clarification if any.

I/we the Parent(s)/Guardian(s) of _____,
do acknowledge and pledge the following for as long our stated child attends Oasis Christian Academy.

- I place my confidence in the ability of the administration, faculty, and staff of Oasis Christian Academy to provide spiritual, academic, and physical education for my child.
- I will be supportive of the school’s Articles of Faith (as listed in the Parent / Child handbook), curricula, tests, teaching methods, testing, equipment, counseling, discipline, and its motives to help assist my child.

Discipline

- I understand that sending my child to Oasis Christian Academy is a privilege and not a right. The goals of the school are not to reform but to train children in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and citizenship.
- I accept all policies and regulations of the school regarding discipline and give permission for my child’s teacher and / or other agents of the school to make and enforce school regulations in a manner consistent with Christian principles and discipline as set forth in the scriptures. This may include measures such as instruction, detention, and issuance of corrective assignments, paddling(canning) and or disciplinary probation as outlined in the Parent/child handbook, if deemed necessary by school authorities, to improve the development, behavior, and character of my child.
- I will support the school personnel should my child be critical of any policies or actions taken to correct his or her behavior. Realizing there are always two sides to any issue, I will contact the school for full details at any time that I may have questions concerning an incident. I will familiarize myself with the school’s standards and follow them as set forth in the Parent/Child handbook.
- I will build a cooperative relationship with my child’s teachers and aid in their training for my child through a Godly example in the home. I will support the biblical teachings of the school, follow through with work assignments, see that my child reaches school on time, and attend parent-teacher meetings and conferences.

Financial Obligations

- I will fulfill my financial obligations to Oasis Christian Academy by the due date, and I understand that late fees will be assessed when payment is made five days after the due date. If my financial obligations remain unpaid, I realize my child will, unfortunately, be dismissed. I also understand that assessments will be invoked to cover damages to school property or its equipment, should my child be responsible for any damages.
- I understand that Oasis Christian Academy operates a school lunch program and I agree to have my ward participate in it. I further agree to pay my lunch fee in full at the beginning of the semester and no later than the due date. I understand that lunch fees are non-refundable.
- I understand that fees are due in full on the 1st day of the semester and considered late at the end of the 1st week of the semester.

Activity authorization

- I give permission for my child to take part in school activities, including sports and school-sponsored trips away from the school’s premises. I understand that if I do not want my child to participate in any school-sponsored trips, I will have to provide a written notice to the school authorities. I absolve the school and its agent from any liability to my child or myself because of any injury to my child at school or during any school activity.
- I understand that photographs and videos of my child participating in a school activity may be used in school publications or broadcast for advertising and televised programs of the school (as in the annual Christmas program), and further understand that I will not be compensated for such use.

Health Screening

- I give permission for my child to participate in physical health fitness screening to determine weight, height, vision, hearing, body composition and blood pressure.

Observation/Evaluation Consent

- I hereby give permission for counseling, observation, and instruction to be provided for my child by personnel designated/approved through the school administration. These may include volunteers, health department employees, intern teachers, nurses, or administrators from the university. Permission is also granted for the administration of tests to facilitate educational placement and determine appropriate study programs according to individual students needs.

Lockers/Desks

- I understand that lockers and desks are property of the school and that the school has a right to open and search lockers and desks should the need arise. The school is not responsible for items/article lost or stolen.

Withdrawal Notice

- I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first 2 weeks of attendance, I will remain responsible for the complete semester’s tuition.
- I understand that the school reserves the right to dismiss any child, who fails to comply with stated policies, regulations, and discipline procedures. I agree that should a situation arise resulting in an irreconcilable conflict, I will abide by the decision of the administration or voluntarily withdraw my child from the school.

In obedience to the word of God in 1 Corinthians 6:6-8, I affirm that no legal action will be brought against the school, its staff, or students for any reason. All matters will be discussed and settled amicably with the school management.

This parental agreement will be in effect for as long as my child attends Oasis Christian Academy whether it be in the nursery, kindergarten, elementary, middle school, or senior high school.

I realize that the Christian school is an extension of me, the parent, and I pledge my prayerful support to the school’s administration and faculty. I will make every effort to work with the school personnel, to insure the best possible learning experience for my child.

I have read and so understand the above information and request that my child be accepted to attend Oasis Christian Academy.

Signature of Father/Guardian

DATE: _____

Signature of Mother/Guardian

DATE: _____

SUSCRIBED AND SWORN before me, by the said _____ this _____ day of _____, 20__ to certify which, witness by my hand and seal of office.

COMMISSIONER FOR OATHS

Oasis Christian Academy

PICTURE RELEASE

Form A-5

I hereby grant / do not grant permission for my child, _____ to be
Name of student
photographed or videotaped while involved in programs connected with Oasis Christian Academy. No commercial use will be made of
these photographs or videotapes without further consent.

Parent/Guardian's Name

Signature

Date

ACTIVITY AUTHORIZATION

I hereby grant / do not grant permission for my child, _____ to use all the
Name of student
play equipment and participate in all the indoor and outdoor activities at Oasis Christian Academy.

Parent/Guardian's Name

Signature

Date

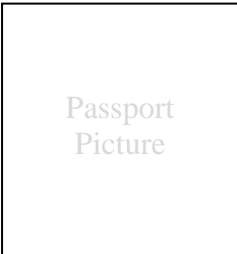
FIELD TRIP AUTHORIZATION (3yr-Preschool and above only)

I hereby grant / do not grant permission for my child _____ to go on
Name of student
school sponsored trips away from school premises. I understand that I will be notified of such trips ahead of time and I can change this
authorization at anytime with a written notice.

Parent/Guardian's Name

Signature

Date



Oasis Christian Academy

MEDICAL EMERGENCY AUTHORIZATION

Form A-4

Please fill this form and sign it in the presence of a Commissioner for Oaths

NAME OF STUDENT: _____ DATE OF BIRTH _____
FATHER'S NAME: _____ TEL. # _____
MOTHER'S NAME: _____ TEL. # _____
STUDENT LIVES WITH: _____ TEL. # _____
STUDENT'S DOCTOR: _____ TEL. # _____
HOSPITAL: _____ TEL. # _____

In case of emergency contact:

CONTACT 1: _____ Relationship _____ TEL. # _____
CONTACT 2: _____ Relationship _____ TEL. # _____

TICK ONE

Yes No At the school nurse's discretion, it is alright for my child to be given Aspirin Paracetamol Triscillicate Other _____ without having to call me each time the product is administered.

AGREEMENT

In case of a dire emergency, when I cannot be reached, I hereby give the representative(s) of Oasis Christian Academy permission to obtain emergency medical care for my child, with any doctor of any hospital of their choice. In case of a lesser emergency I prefer to be called. I have read and accept the policy regulations in the school handbook and release the school and its director(s) from any liability for injuries or illness resulting from conditions or circumstances beyond their control. I agree to pay all the necessary bills that may arise from the emergency.

Date Parent's (Guardians) Signature

SUSCRIBED AND SWORN before me, by the said _____ this _____ day of _____, 20____
to certify which, witness by my hand and seal of office.

COMMISSIONER FOR OATHS

PICK-UP PERMISSION

I hereby give permission for my child, _____ to leave the OASIS CHRISTIAN ACADEMY premises with the following persons named below. It is my responsibility to notify the school in writing of any changes.

Name of Person Picking student Relationship

Name of Person picking student Relationship

Name of Person picking student Relationship

Signature of Parent or Guardian Date

If there is a separation or divorce custody problem of which we should be aware please explain. _____

Name of Person(s) who may NOT pick up the student: _____

Oasis Christian Academy

PERSONAL RECOMMENDATION FOR APPLICANT

Form A-6
(Grades 1-12)

INSTRUCTIONS TO APPLICANT:

After completing the spaces below, give this form to your pastor, children's pastor or youth pastor to fill out and return it directly to Oasis Christian Academy as soon as possible.

Student: _____
Last Name
First Name
Middle Name

Address: _____ Phone: _____
Box#
City

Please sign the following waiver:
I the undersigned, hereby voluntarily waive any right or privilege to inspect, or challenge the content and comments expressed in this "Personal Recommendation for Applicant."

_____ Date _____ Applicant's signature _____

INSTRUCTIONS TO PASTOR:

Please complete this form carefully and prayerfully, and send it directly to Oasis Christian Academy as soon as possible. Since we expect straight forward comments, we will treat all information as strictly confidential. We appreciate your assistance.

Applicants for All Grades:

1. How long have you known the applicant? _____
2. Comment on the applicant's spiritual, behavioral, and social life. _____

3. Describe the applicant's home life: (Include information about the spiritual and moral leadership of the parents, relationship among members of the family, etc.)

4. To the best of your knowledge, has the applicant accepted Jesus Christ as personal Savior? _____
5. Does the applicant respond well to authorities in the home, church, and school? _____
6. Are you aware of any physical weakness or emotional problems that would hinder the applicant in an intensive academic environment?

7. What are the applicant's special abilities? _____
8. What do you believe is the applicant's primary purpose in attending our school? _____

Please respond to the following check list. Place a tick next to one (1) item in each group.

| Motivation | Responsibility | Integrity | Acceptance by Others |
|--|--|--|---|
| <input type="checkbox"/> Highly motivated | <input type="checkbox"/> Conscientiously reliable | <input type="checkbox"/> Consistently trustworthy | <input type="checkbox"/> Highly respected by others |
| <input type="checkbox"/> Usually Purposeful | <input type="checkbox"/> Usually honest | <input type="checkbox"/> Usually honest | <input type="checkbox"/> Liked by Others |
| <input type="checkbox"/> Aimless | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Frequently dishonest | <input type="checkbox"/> Avoided by Others |
| <input type="checkbox"/> No Opportunity to Observe | <input type="checkbox"/> No Opportunity to Observe | <input type="checkbox"/> No Opportunity to Observe | <input type="checkbox"/> No Opportunity to Observe |

Applicants for Grades 5 – 12 only

1. In what ways has the student been active in church? _____

2. To the best of your knowledge, what is the student's attitude towards such practices as smoking and use of alcoholic beverages or drugs? _____

3. Has the student's life given evidence of a genuine conversion and subsequent growth towards spiritual maturity? Please comment.

4. To the best of your knowledge, has the applicant ever been suspended from school? _____
5. To the best of your knowledge, has the applicant ever been in trouble with the law? _____
6. To the best of your knowledge, does the applicant use profanity? _____
7. What do you feel will be the applicant's greatest challenges in adjusting to a 24 hour disciplined lifestyle that is God-honoring?

8. In your opinion is the applicant able and willing to put forth the extra effort to be a model student? _____

FINAL RECOMMENDATION FOR ALL GRADES

Would you recommend that Oasis Christian Academy accept this applicant?

No

Questionable

Yes

Strongly so

Please add any comments:

Name of Pastor

Phone Number

Address

Name of Church & Location

Signature

Date

You may mail this recommendation form to
Oasis Christian Academy, ATTN: Administrator, P.O. Box 6513, Kumasi
Please take note that this form is required to complete admission.